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How an Interprofessional Team Develops and Implements a Grassroots Maternal-Child Health Leadership Program to Address Infant Mortality

Deborah Stiffler, PhD, RN, CNM, Kelly Evans, Latoya Hale-Tahirou, Ilene Loper, Vera Moore, Ashley Phillips, MPH, Naomi T-T Levine, MA, Heather Anderson, Jack E. Turman, Jr., PhD



Background and Hypothesis

Background: It is time to complement the work of our health care providers with a concerted statewide, community-centered approach to build infrastructures and systems that address social-economic-environmental factors that contribute to poor birth outcomes. The complexity of system issues that contribute to poor birth outcomes requires an interprofessional team, comprised of community and academic partners to develop feasible, affordable and implementable solution strategies.

Hypothesis: Community capacity building improves MCH-related social-political factors of communities with poor birth outcomes.

Initiative Aims

Use an Interprofessional Team to:

1. Train and mentor Grassroots Maternal and Child Health Leaders (GMCHL)
2. Help GMCHL bring evidence-based intervention strategies to community members
3. Create high impact media products to raise awareness of issues
4. Connect GMCHL to policy makers

Our Long Term Goal



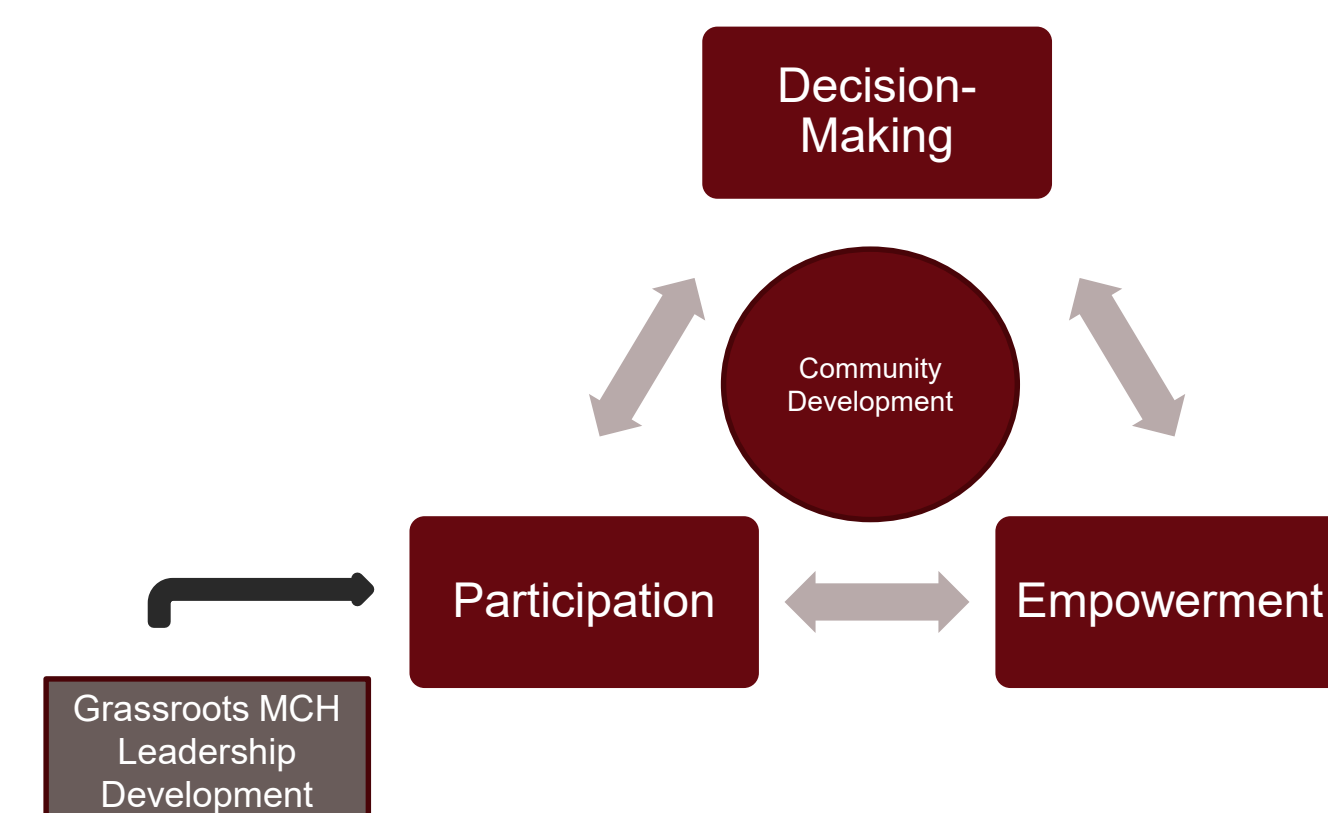
A Community-Academic Interprofessional Team



Features of Grassroots Leadership¹

- 1) Grassroots leaders have **different motivations and needs** than those of traditional leaders.
- 2) Investing in grassroots leadership development leads to **increased community well-being and encourages long-term problem-solving**.
- 3) The best results are achieved by using a triple focus on **the individual leaders**, the involved **organization**, and the **community or issue of concern**.
- 4) Grassroots leaders **encourage funders and support organizations** to take actions that support the efforts of grassroots leadership.

Framework for Community Development²



Implementation

- Develop and get community feedback on the curriculum (Skinner et al, ENGAGE! Journal, 2019)
- Partner with communities to identify leaders
- Implement training, curriculum elements include:
 - Principles of Leadership Development
 - Community Health Promotion
 - Infant Mortality Causes and Prevention
 - Promoting Health Equity
 - Media Development
 - Policy Advocacy and Development
- Teach narrative storytelling
- Mentor GMCHL in their community development work

Inauguration of first GMCHL with Indiana's First Lady, Janet Holcomb.



Some First Year Outcomes

- 15 women enrolled and completed training (Eight high risk zip codes represented)
- Skill building community baby showers being implemented in affordable housing communities
- Micro-targeted web-based material created for community use:
 - <https://youtu.be/vHLZMzFLxv8>
 - <https://youtu.be/5a5-rymyTRY>
 - <http://www.youtube.com/watch?v=owcSnuXI5A>
- GMCHL advocated to two state representatives for pregnancy accommodations in workplace, and to expand grandparents' rights.
- GMCHL taught social determinants of maternal and child health to maternal and child health division of Indiana State Department of Health
- One GMCHL is first ever community representative on the Indiana March of Dimes MCH Committee
- Three GMCHL now participate in the Marion County Fetal-Infant Mortality Review Community Action Team
- One GMCHL presented at Black Breastfeeding Symposium
- One GMCHL now employed as breastfeeding advocate for WIC
- One GMCHL now employed as domestic violence reduction consultant for local county hospital
- One GMCHL now employed as member of Indiana University Public Policy Institute
- Three GMCHL providing consultation to member of US House of Representative regarding bill to address infant and maternal mortality.

References

1. Grassroots Leadership Development: A guide for grassroots leaders, support organizations and funders (n.d.), W.K. Kellogg Foundation
2. Tiwari et al. (2014) M² Models and Methodologies for Community Engagement. Springer Press

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